

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAIT

(Type or Print Clearly) PART I LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE** M. Gary 539-0834 Slovin MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** gslovin@awlaw.com (City) (State) (Zip Code) 96813 Honolulu Hawaii EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Ashford & Wriston LLP 539-0400 MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (Zip Code) (City) (State) 96813 Honolulu Hawaii

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE	
American Beverage Asso	202-463-6702 FAX	
MAILING ADDRESS (Street) 1101 16th Street NW		
		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20036
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
James A. McGreevy III	202-463-6702	
MAILING ADDRESS (Street)		FAX 202-659-5349
1101 16th Street NW		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20036

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	√ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby eertify that the information furnished above is, to the best of my knowledge, correct and complete.					
1/18/2013					
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
James A. McGreevy III					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
American Beverage Association			202-463-6702		
MAILING ADDRESS (Street)			FAX 202-659-5349		
1101 16th Street NW			EMAIL		
(City)	(State)		(Zip Code)		
Washington	DC		20036		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Ma Ma An =			1-10-13		
(Signature of Authorizing Officer or Person Represented)			(Date)		

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